at different sites of the renal parenchyma may suggest funtionnal or structural changes within the kidneys and could provide useful diagnostic and pronostic information.

*Method* We evaluated the relatonship betwwen the renal resistive index (RRI) of intrarenal vasculature and the cardiovascular organ damage such as left ventricular hypertrophy (LVH), the diastolic dysfunction, microalbunuria, carotid atherosclerosis and the hypertensive retinopathy in hypertensive patients.

300 hypertensive patients underwent echocardiography with conventional Doppler and Doppler tissue imaging (DTI),carotid and renal ultrasonograpy and a bottom of eye.In addition , lipids profile, creatinine in serum, and urinary albumin concentrations were determinate.The patients were divided according to their RRI values in two groups: <0.70 and ≥0.70.

*Results* Subjects with high RRI were older, had higher systolic and pulse pressure and more years of hypertension, compared to those with low RRI (p<0.0001). Patients with the higher RRI showed and increased left ventricular mass index(LVMI)and carotid intima media thickness with a higher prevalence of LVH with a beginning of deterioration of diastolic function, carotid plaques and microalbuminuria (p<0.0001). Age, systolic and pulsated pressure, carotid repercussion, LVMI and microalbuminuria were independently relatedto RRI.

*Disscusion* RRI, especially the higher values , are positively correlated with target organ damage in hypertensive patients.The evlaution of RRI could predict the presence of early cardiovascular damage.The RRI would be a criter of substitution for the estimate of the total cardiovascular risk.

*The author hereby declares no conflict of interest*

# 0208

**Efficacy of indapamide SR/amlodipine combination in uncontrolled hypertensive patients over 65 years old: a subanalysis of the 1-year NESTOR study**

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*Background* Guidelines recommend diuretics and calcium channel blockers (CCBs) to treat systolic hypertension in the older patient. This NESTOR substudy examines the antihypertensive effect of this combination in hypertensive diabetic patients aged ≥65 years.

*Objective* To evaluate the long-term antihypertensive efficacy and safety of indapamide SR/amlodipine in ≥65 year olds, in the randomized, double-blind, 1-year NESTOR study.

*Methods* The NESTOR study included 570 hypertensive (aged 35-80 years, systolic blood pressure [SBP] 140-180 and diastolic blood pressure [DBP] <110mmHg), diabetic patients with microalbuminuria, 187 of whom were aged ≥65 years. Antihypertensive therapy was stopped before inclusion and indapamide SR 1.5mg or enalapril 10mg administered. If target BP (<140/90mmHg) was not achieved at 6 weeks, amlodipine 5mg was added with uptitration to 10mg if needed. Follow-up period was 52 weeks.

*Results* At 52 weeks in 107 patients aged ≥65 years receiving bitherapy, SBP/DBP decreased significantly (P<0.001) from baseline by 30±12/14±9mmHg with indapamide SR/amlodipine (n=53) vs 22±16/11±9mmHg with enalapril/amlodipine (n=54). There was a significantly greater SBP reduction of 6.2±2.7mmHg (P=0.02, adjusted on baseline) with indapamide SR/amlodipine vs enalapril/amlodipine, a larger difference than that seen in all ages on bitherapy (4.1±1.5mmHg; P=0.006). Moreover, BP response rate (<140/90mmHg or decrease of 20mmHg in SBP or 10mmHg in DBP) in ≥65 year olds was greater with indapamide SR/amlodipine (88%) than with enalapril/amlodipine (75%). Indapamide SR and amlodipine were associated with a good safety profile. Three patients in each group discontinued treatment.

*Conclusion* This analysis confirms that a thiazide-like diuretic/CCB combination (indapamide SR/amlodipine) more effectively lowers SBP than an angiotensin-converting enzyme inhibitor/CCB combination in these hypertensive patients aged ≥65 years, whilst maintaining a good safety profile.

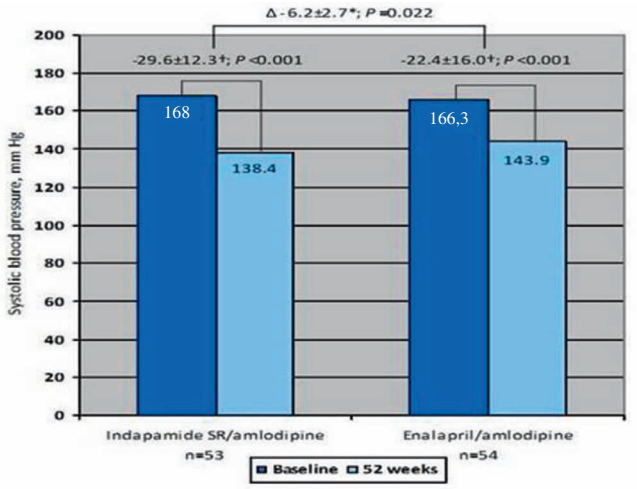


**Figure 1. Reduction in systolic blood pressure from baseline to 52 weeks in patients aged ≥65 years (indapamide SR/amlodipine vs enalapril/amlodipine).**
* mean±standard deviation; † mean±standard error

***Abstract 0208 – Figure***

*The author declares a conflict of interest: Bayer, BMS, Boehringer, Daichi Sankyo, Novartis, Pfizer, Servier*

# 0424

**Cardiovascular involvements in Takayasu arteritis in Tunisia: clinical study of 43 cases**

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*Introduction* Takayasu arteritis (TA) is a rare systemic vasculitis. The aim of this study was to describe cardiovascular involvements in Tunisian patients with TA.

*Patients and Methods* Retrospective study of patients with TA (American College of Rheumatology criteria) admitted in an internal medicine department from 1992 to 2015.

*Results* Forty three patients were identified. Sex ratio M/F was 0.16. Mean age of Takayasu first manifestation was 36.2 years. Eleven patients complained of chest pain and 76.74% of intermittent limb claudicating (upper and lower limbs). 35 patients had pulse disturbance mainly radial pulse (n=28) and 23 patients had artery hypertension. Vascular murmur was noted in 62.79% of cases. Aortic murmur was systolic in 6 cases and diastolic in 3 cases (aortic valve regurgitation). Electrocardiogram showed abnormalities in 9 cases: 1 right bundle branch block, 2 complete left bundle branch block, 3 left ventricular hypertrophy, 2 atrial fibrillation and T negative wave from V3 to V6. Biological inflammatory syndrome was found in 32 patients. Aortic arch, its branches (n=33) and left supra clavicular artery (n=24) were the most common involvements. Thirty-three patients received corticosteroids and 13 had immunosuppressant drugs. Eighteen patients received antiplatelet agents and 6 underwent surgery. Angioplasty was performed in 5 patients. Outcome was good in 14% of cases. Three patients died (stroke).

*Conclusion* Our study confirmed the female predominance and the frequency of hypertension. These results are common to the North African data previously published and confirm the particularity of TA in our region, which is different from the Asian one.

*The author hereby declares no conflict of interest*